

ATTACH:

1. LIST OF NAMES(s) and TITLES(s) OF EACH PERSON [Owner/partner/corporate officer/director etc.]
2. A COPY OF HOME STATE LICENSE [letter of explanation if not required]
3. A COPY OF VAWD ACCREDITATION CERTIFICATE IF APPLICABLE
<http://www.nodakpharmacy.com/pdfs/VAWDappInstructions.pdf>
4. PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF AUTHORITY RECEIVED FROM THE NORTH DAKOTA SECRETARY OF STATE'S OFFICE AND NORTH DAKOTA TRADE NAME CERTIFICATE (DBA NAME) IF DIFFERENT THAN COMPANY NAME.
5. CHECK OR MONEY ORDER FOR THE APPROPRIATE LICENSE FEE

IF CORPORATION: _____
Full Corporate Name AND State of Incorporation

I certify that the applicant has not been convicted under any federal, state, or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances; nor had any suspension or revocation by federal, state, or local government of any license currently or previously held by the applicant for the manufacture or distribution of any drugs, including controlled substances;

INITIALS OF APPLICANT _____

If the applicant cannot certify to the above statement, please include a description and documents pertaining to the infraction.

Typed Name Of Person Authorized to Bind Applicant

Typed Title of person Authorized to bind Applicant

Signature of Person Authorized to Bind Applicant